Official Newsletter of the Canadian Public Health Association

CPHA health digest

Summer 2007 Volume XXXI, Number 2

inside

CEO's Column 2
CPHA 2007 Draft Resolutions 3
Strengthening Chronic Disease Prevention and Management: A Regional Pilot Project 6
Coming Events 7
Partners Around the World 9

BOARD OF DIRECTORS UPDATE

CPHA Welcomes New Chief Executive Officer

On behalf of the Canadian Public Health Association (CPHA) Board of Directors, I am pleased to announce the appointment of Debra Lynkowski as the new Chief Executive Officer (CEO) of CPHA. Debra will assume her new role as CEO on August 20, 2007.

Since 2004, Debra has been the Director of the Canadian Stroke Strategy (CSS), the first national strategy in Canada focusing on stroke prevention and care. Prior to her work with CSS, she worked with the Canadian Diabetes Association, first as Executive Director of the Alberta/NWT Division, and subsequently as the National Director of Public Policy and Government Relations in Ottawa. Debra also worked at Health Canada (in what is now the Public Health Agency of Canada) as a Senior Policy Advisor at the Centre for Chronic Disease Prevention and Control. In addition to her extensive health experience, she holds a law degree from the University of Alberta.

The CPHA Board of Directors is delighted to have someone of Debra's capabilities to lead the organization. The Search Committee, which consists of Sheilah Sommer, CPHA Past Chair; Ron de Burger, CPHA Chair; Cory Neudorf, CPHA Chair Elect; and Paul Hanvey, CPHA Director and Chair of the Finance Committee, was impressed by the many excellent candidates for the position. We were fortunate to have been able to choose from such a strong field.

Debra has shown great leadership, organizational talent and vision in all her roles and I am certain that she will be an excellent asset to CPHA and will contribute greatly to the advancement of public health in Canada.

As we all work together, I am confident that public health will be successful in being recognized as the foundation of the health system, and CPHA as the authoritative non-governmental voice for public health in Canada.

Ron de Burger, Chair, CPHA

I would also like to take this opportunity to thank Janet MacLachlan who took on the position of Acting CEO in March. Her experience, professionalism and leadership over the past few months have been greatly appreciated by everyone. Once Debra takes office, Janet will return to her position as Associate CEO. ■

Ron de Burger
Chair, CPHA Board of Directors

Public Health in Canada:
From Politics to the People

La santé publique au Canada :
des politiques aux êtres humains

www.cpha.ca

Canadian Public Health Association 2007 Annual Conference

Together with 1st Canadian Public Health Geomatics Conference
September 16-19, 2007
The Westin Ottawa / Ottawa Congress Centre
Ottawa, Ontario

In partnership with the Canadian Institute for Health Information – Canadian Population Health Initiative, the Canadian Institutes of Health Research – Institute of Population and Public Health and the Public Health Agency of Canada.

In association with the Ontario Public Health Association.

CPHA Health Digest
Canadian Public Health Association

Volume XXXI, Number 2
Summer 2007

The *CPHA Health Digest*
is an official publication of the
Canadian Public Health Association
and is published four times a year.
It is supplied as a CPHA membership
benefit to members in good standing.

ISSN 0703-5624

Printed on recycled/recyclable paper

Publications Mail Agreement No. 40062779.
Return undeliverable Canadian addresses to:
Circulation Department
Canadian Public Health Association
400-1565 Carling Avenue
Ottawa, Ontario, K1Z 8R1 Canada
Tel: 613-725-3769
Fax: 613-725-9826
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Mission Statement

The Canadian Public Health Association is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

CEO'S COLUMN

Update on Association Activities

With summer in full swing and the warmer weather finally here, I hope everyone is enjoying this beautiful time of year. As the CPHA 2007 Annual Conference approaches, I would like to bring to your attention the Board of Directors' call for nominations as well as highlight some interesting recent and upcoming projects/events.

Call for Nominations

CPHA is seeking nominations for three positions on the Board of Directors: two directors and one student director. The term of office will be from January 2008 to December 2009.

We are seeking nominations for directors who are passionate, committed and skilled to lead us into the future. Specific expertise and experience is needed in the general areas of business development and policy development.

The nominee for the student director position will be currently engaged in programs in public health and its related disciplines at the undergraduate, graduate, resident or post-doctoral levels in Canada.

Nomination forms were sent to members on May 31st, 2007.

The closing date for nominations is August 17th, 2007.

CPHA Celebrates 100 Years!

In 2010, your public health association will be a century old! Mark your calendars to help celebrate the Association's Centenary at CPHA's Annual Conference, June 13-16, 2010, to be held at the Sheraton Centre Hotel in Toronto. We look forward to providing further details in the future regarding conference themes and activities to help us celebrate 100 years in the field of public health.

Synthesis Chapter for the Canadian Climate Change and Health Vulnerability Assessment 2007

The Climate Change and Health Office at Health Canada contracted with CPHA to review and comment on the soon-to-be-released technical report, "Synthesis Chapter for the Canadian Climate Change and Health Vulnerability Assessment 2007."

This work was undertaken on behalf of CPHA by two of its members, Dr. Tim Lambert and Dr. Paul Hasselback, who are experts in public health and brought their extensive knowledge and expertise to the project.

Volunteer Appreciation

I would like to take this opportunity to thank all CPHA members who volunteer their time and expertise to CPHA in many different ways. In particular, I would like to express the Association's appreciation to Drs. Lambert and Hasselback, who have contributed their volunteer time on a variety of public health topics for a number of years. ■

Janet MacLachlan
Acting Chief Executive Officer

Canadian Public Health Association 2007 Draft Resolutions

The following draft resolutions will be presented and voted upon at the CPHA Annual General Meeting (AGM) in Ottawa, Ontario on Monday, September 17, 2007.

The draft resolutions presented here have been proposed by members of the Canadian Public Health Association (CPHA). They do not reflect the Association's official position at this time. Only those statements that are voted on and adopted by the membership at the Annual General Meeting (AGM) will become official CPHA policy statements. The draft policy statements are published here so that interested members may review them prior to the AGM.

Members not attending the AGM are invited to forward their written comments to Resolutions and Position Papers, Canadian Public Health Association, 400-1565 Carling Avenue, Ottawa, Ontario, K1Z 8R1, Tel: 613-725-3769, Fax: 613-725-9826, e-mail: cbaskerville@cpha.ca

Only CPHA members in good standing are entitled to vote. Please ensure that you bring your membership card to the AGM. Individuals who are not currently members of CPHA are welcome to attend the AGM, however they will not be allowed to vote.

2007 CPHA Draft Resolution No. 1
Fall Prevention and Building Codes

WHEREAS the senior population in Canada is expected to grow rapidly during the next several decades. By the year 2026, statistics project that 20% of all Canadians will be aged 65 and over (compared to 12% in 1998);

WHEREAS 1 in 3 older adults fall every year;

WHEREAS falls account for 87% of all fractures for people aged 65 and older;

WHEREAS 60% of fatal falls occur at home, 30% in public places, 10% in health care institutions;

WHEREAS falls generate 56% of the direct health care costs for the elderly ($2.4 billion);

WHEREAS falls among seniors are the 6th leading cause of mortality and a major cause of short-term and long-term disability among seniors in Canada;

WHEREAS falls in bathrooms and on stairs account for approximately 20-30% of all falls among seniors;

WHEREAS nearly two decades of community and laboratory research provide definitive and compelling evidence regarding characteristics of safer stairs and features of safe grab bars in bathtubs and shower stalls;

WHEREAS current National Research Council Codes do not require the same safety requirements for stairs in houses and small buildings as for stairs in public buildings;

WHEREAS current National Research Council Codes do not require homes, small buildings or apartment buildings to have universally installed grab bars in bathtubs or shower stalls;

WHEREAS members of the Canadian Public Health Association adopted a motion in 2003 to strengthen building code requirements in an effort to reduce falls among seniors;

WHEREAS a request for the addition of a code requirement for grab bars in bathtubs and shower stalls in houses, small buildings and apartment buildings has been submitted for consideration in this round of the building code revisions, and letters of support for consideration of this revision have been submitted to the National Research Council;

WHEREAS the National Research Council task force on stairs, ramps, handrails and guards is being asked to review the applicability of the stricter code requirements for stairs in public buildings to the codes for stairs in residential homes;

WHEREAS there are over 200,000 new housing starts in Canada each year (CMHC: expected 209,500 for 2007), and delays in making research-based modifications to the codes result in additional housing stock in Canada which do not meet evidence-based standards either for safer stairs or for grab bars in bathtubs and shower stalls;

WHEREAS changes to National Research Council building code recommendations that are adopted as provincial and territorial legislation apply only to new buildings and to major renovations of existing buildings in each province and territory;

THEREFORE BE IT RESOLVED THAT the Canadian Public Health Association urge the Canadian Commission on Building and Fire Codes to review the proposed change in building code standards for grab bars in bathrooms in the current round of revisions to national building code recommendations. Reference Code: 3.7.2.9, 9.31.2.3.

AND FURTHER BE IT RESOLVED THAT CPHA notify members of the timing of the public consultation processes and urge its members to participate in the public consultation process for changes to the building codes proposed by the task group on stairs, ramps, guards and handrails; and proposed by the Standing Committee on use and egress and the Standing Committee on housing and small buildings.

AND FURTHER BE IT RESOLVED THAT CPHA provide a synopsis of the evidence related to proposed building code changes to be published in advance of the public consultation process.

AND FURTHER BE IT RESOLVED THAT CPHA urge the Federation of Canadian Municipalities to consider changes to by-laws that would require retrofits to both public buildings and to residential homes and buildings that would increase stair and bathroom safety.

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2007 CPHA Draft Resolution No. 2
Regulation of Psychoactive Substances in Canada

WHEREAS psychoactive substances* are a high-profile and ongoing concern due to the associated harmful effects. Conservative estimates are that substances are associated with at least 47,000 Canadian deaths per year (21% of all deaths) at an annual cost of nearly $40 billion, with most of these deaths and costs due to legal, poorly regulated substances, specifically tobacco and alcohol;[1]

WHEREAS substance use is common, much use of some substances is beneficial or non-harmful, and some use may result in harms for the individual user and the community in which they live;[2]

WHEREAS the informed consensual use of psychoactive substances is a basic right, for which criminal sanctions should only be used to prevent harm to others;[3]

WHEREAS persons who use drugs are recognized as possessing the same dignity, with all ethical consequences of this ethical fact, as all other human beings;[4]

WHEREAS there is increasing recognition and concern that indiscriminate prohibition of substances (e.g., cannabis, opioids, stimulants) is actually a source of many harms;[5-10]

WHEREAS prohibition is increasingly being recognized as ineffective in reducing the use of illegal drugs,[3] while harm reduction, health promotion, and regulation are well demonstrated to be effective;[11]

WHEREAS the law is a powerful tool for protecting and improving health, and the failure to use law appropriately for psychoactive substances has contributed to much death, disease, and social problems;[12,13]

WHEREAS legislative and policy frameworks for psychoactive substances have not kept pace with established health best practices and need to be modernized;[14]

WHEREAS a comprehensive approach to addressing the use of psychoactive substance should be based on an accurate assessment and evaluation of the benefits and risks, with an appropriate balance and integration of the four pillars of prevention, harm reduction, treatment, and enforcement, and also needs to include adequate investments in health promotion, education, health protection, discrimination reduction, rehabilitation, research, and monitoring trends;[15-17]

WHEREAS the failure of the prohibition approach (given the additional harm it generates) has created pressure to find alternative solutions;[4,5,18,19]

WHEREAS alternative models for the regulation of psychoactive substances are being developed that focus on changes to the supply chain to protect and promote public health;[9,20,21]

WHEREAS the overarching challenge is to develop coherent, effective, and efficient approaches that minimize psychoactive substance-associated harms, maximize benefits, and recognize that most use does not result in societal harm, without creating additional harms from implementation of control approaches;[22]

THEREFORE BE IT RESOLVED THAT CPHA urge the Government of Canada to establish, in consultation with provincial and territorial governments, a national psychoactive substances regulation steering group to propose policy and regulatory improvements for tobacco, alcohol, cannabis, opioids, stimulants, hallucinogens, and sedative/hypnotics. This body would have broad representation, including but not limited to members drawn from all levels of government, non-governmental agencies, as well as producers, consumers, health, education, social services and criminal justice agencies. This body will have the mandate to develop substance-specific policy and legislative proposals, guided by a comprehensive policy framework which recognizes psychoactive substance use as a basic human right with harmful and beneficial consequences that will continue to be a common feature of human behaviour, and which is based on:

- Promotion and protection of life, health, security, and human rights and freedoms,
- Empowerment, autonomy, and non-discrimination,
- Evidence and evaluation, not ideology,
- Criminal sanctions only for endangering others, and
- Compassion.

* *Includes alcohol, tobacco, prescription substances with reinforcing properties such as sleeping pills and pain killers, and illegal substances such as marijuana, cocaine, methamphetamine, ecstasy, and heroin.*

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2007 CPHA Draft Resolution No. 3
Idling Control Bylaw

WHEREAS 16,000 Canadians die prematurely from air pollution-related disease and thousands more become unnecessarily ill;[1-4]

WHEREAS children are particularly vulnerable to air pollution;[2,5]

WHEREAS car, truck and bus emissions are one of the leading sources of smog-causing pollutants;[6,7]

WHEREAS ten seconds of idling uses more gasoline than starting an engine[8] and an idling vehicle emits nearly 20 times more pollution than one travelling at 50 kilometres per hour;

WHEREAS over one million dollars of fuel is idled away by Canadians daily;[2]

WHEREAS excess idling to warm up a vehicle is not needed – only 30 seconds at most is required for this activity;[5]

WHEREAS a number of municipalities across the country, including major cities such as Toronto and Vancouver, have successfully adopted idling control bylaws;[9]

WHEREAS adopting idling control bylaws will improve the transportation carbon footprint of jurisdictions enacting such measures through reduced combustion of carbon-based fuels;[6]

WHEREAS this action is a positive step in addressing climate change and conserving a non-renewable energy source;[10]

THEREFORE BE IT RESOLVED THAT the Canadian Public Health Association urge the Federation of Canadian Municipalities to develop model legislation fashioned after the provisions and restrictions contained within the bylaws of the Cities of Toronto and Vancouver and to recommend implementation of such a bylaw to their membership.

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Strengthening Chronic Disease Prevention and Management: A Regional Pilot Project

The Canadian Public Health Association (CPHA) is undertaking a project to strengthen chronic disease prevention and management in Canada. Over the past year, CPHA has been working with a National Advisory Committee to identify critical success factors for chronic disease prevention and management. Evidence shows that the public health community is working to enhance chronic disease prevention and management practices and is aware of how vital this area is to improving the health of Canadians. CPHA has conducted research and consulted with public health professionals across the country to gather information about current practices.

CPHA's research indicates that in Canada, promising practices are being put in place. It is now well recognized that environmental and policy actions directed at the determinants of health have great potential to reduce the burden of chronic disease. In Newfoundland and Labrador, a Poverty Reduction Strategy has been developed based on the principles of social inclusion and collaboration. The approach being taken by the province is supported through ongoing dialogue with partners, including the community-based sector and individuals living in poverty.

In addition, across Canada, an integrated approach to chronic disease prevention and management is viewed as being crucial to success. In Manitoba, a five-year community-focused initiative has been implemented to support this view. The initiative builds on a comprehensive, integrated approach that emphasizes local partnerships, citizen engagement and community development as a means to reduce the incidence of chronic disease. The initiative is designed to promote sustainability through partnership structures, integration, capacity building and collaborative actions.

There is a recognition of the need for policy-makers, planners and front-line service providers to work together to strengthen prevention across the health care system. However, decision-makers at the federal, provincial and regional levels do not have the information and tools necessary to support evidence-based policy and program development. CPHA is working to address this gap and has developed a draft tool for policy-makers and planners.

The tool includes six critical success factors: determinants of health; public health capacity and infrastructure; primary health care capacity and infrastructure; monitoring, evaluation and evidence-informed practice; stewardship; and investment. For each success factor, there are guiding questions to stimulate dialogue, promote information exchange, help assess current policy, planning and practice, and identify actions, roles and shared responsibilities for strengthening prevention and management of chronic disease. Feedback on the tool was gathered through interviews with 24 key informants and 3 regional focus groups held in Calgary, Ottawa and St. John's. The research conducted by CPHA suggests that the timing is right for a tool that helps planners and policy-makers advance practice in this important area.

In the coming year, the revised tool will be piloted in three regions across Canada, focusing on the prevention and management of hypertension. CPHA anticipates that this community-based experience will result in regional action plans, a revised, field-tested tool, and a summary report outlining lessons learned from applying this approach to chronic disease prevention. The Chronic Disease Prevention Alliance of Canada will identify regional pilot sites with active coalitions which have the readiness and sufficient NGO capacity to engage in the project.

If you have information that you would like to share about your own activities in chronic disease prevention and management, we would like to hear from you. For more information about the project, contact Ms. Lynn Chiarelli, Project Coordinator, at 613-725-3769, ext. 154 or by e-mail at lchiarelli@cpha.ca. ■

Canadian Conference on the Public's Health and the Law

The first Canadian Conference on the Public's Health and the Law was held in Toronto, from November 5th to 7th, 2006. This national gathering of public health practitioners, health care professionals, legal experts, emergency preparedness professionals, legislators and policy-makers was the result of collaboration among a number of organizations, including the Public Health Agency of Canada, the Association of Local Public Health Agencies and the Canadian Public Health Association. Representatives of the CPHA participated on the Steering and Program Committees, and played a key role in the coordination of this event.

As stated by Dr. David Butler-Jones, Chief Public Health Officer of Canada, the conference was an avenue for "critically reviewing the use of law in public health, for building bridges across disciplines, and for enhancing our understanding of the application of the many various legal and policy instruments in public health." It also provided a forum for the discussion of key legal and policy issues related to public health, such as: public health legal preparedness for emergency situations, the role of commissions of inquiry in shaping public health policy, privacy protection and the needs of the public health system, and balancing the various tools for promoting and protecting the public's health.

Overall, the Canadian Conference on the Public's Health and the Law was a huge success! Participation rates exceeded expectations, with close to 300 people in attendance. Building on the strength of this success, planning is now underway for a second conference to be held in the Fall of 2008. Moreover, a mini-CD containing presentations and session reports from the first conference is currently available.

To obtain a copy of the conference CD or more information on the second Conference on the Public's Health and the Law, please e-mail: phlep-plesp@phac-aspc.gc.ca. ■

Using Census Data for Health Research: Beta Test Invite

The UBC Centre for Health Services and Policy Research (CHSPR) recently announced the pilot of Using Census Data for Health Research – a gateway and FAQ for health services researchers, university students, health authority staff, and others.

This online resource looks at sources of Canadian census data, how health system and census geographies compare, linking and combining data, and points to resources and examples of research using census data.

In order to make this web-based resource as useful as possible to the research community, CHSPR needs your input and encourages you to visit the site to explore, provide feedback, and submit questions, and to forward this invite to colleagues who might be interested in using, and helping improve, the tool.

www.chspr.ubc.ca/census

Beta users can e-mail feedback to census@chspr.ubc.ca, or use the email link on every page.

For more information, please contact the UBC Centre for Health Services and Policy Research. www.chspr.ubc.ca ■

The CHN team grows

Since 2003, the HIV/AIDS Affiliate, a program of the Canadian Public Health Association, has been responsible for adding resources on HIV/AIDS to the online collection of the Canadian Health Network (CHN). As of April 1, 2007, the HIV/AIDS Affiliate is now also responsible for developing the collection of electronic resources on Substance Use/Addictions. As with the HIV/AIDS collection, we will harvest the best and most reliable information on substance use and addictions. We will network and collaborate with leaders in the field of substance use and addictions, and create articles and Frequently Asked Questions for the CHN.

If you have suggestions for electronic resources that could be added to the CHN collection, or if you or your organization have expertise on substance use and addiction, we would welcome your collaboration. Please do not hesitate to contact Christine Villeneuve at cvilleneuve@cpha.ca or Rachel Brown at rbrown@cpha.ca. ■

NEW!
Adult Immunization
Are you up to date?
Adult Immunization (personal) Record
✔ Keep track of all your immunizations.
✔ Know if you have adequate protection.
✔ Available in bulk orders from the Canadian Coalition for Immunization Awareness & Promotion
✔ Email immunize@cpha.ca
✔ Or download the PDF from www.immunize.cpha.ca

Coming events

2007 Annual CPHA Conference
Public Health in Canada: From Politics to the People
In partnership with: CIHI-CPHI, CIHR-IPPH, PHAC
In association with: OPHA
Jointly held with the first Canadian Public Health Geomatics Conference: GIS in Public Health
16-19 September 2007 Ottawa, ON
Contact: conference@cpha.ca
www.conference.cpha.ca

Forum 11
Equitable Access: Research Challenges for Health in Developing Countries
29 October-2 November 2007 Beijing, China
Global Forum for Health Research
The annual Forum brings together decision-makers, funders and leaders in research and development to focus on reducing the massive underinvestment in health research for the needs of developing countries.
Contact: www.globalforumhealth.org

Symposium francophone de médecine
Une réalisation de l'Association des médecins de langue française du Canada
Du 31 octobre au 2 novembre 2007
Montréal, QC
Contacter :
Tél : 514-388-2228 ou 1 800 387-2228
www.amlfc.org

Politics, Policy & Public Health
135th Annual Meeting & Exposition of the American Public Health Association
November 3-7, 2007 Washington, DC
Contact: APHA
www.apha.org

14th Canadian Conference on International Health
"Global Change and Health: Who are the Vulnerable?"
Presented by the Canadian Society for International Health and the Canadian Coalition for Global Health Research
4-7 November 2007 Ottawa, ON
Contact: CSIH
conference@csih.org
www.csih.org/en/ccih/index.asp

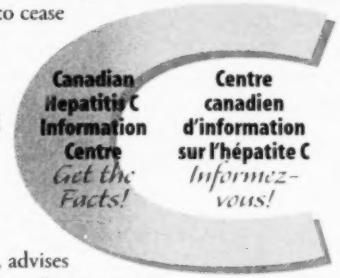
CALL FOR ABSTRACTS
International Nursing Research Conference
Facing the Challenge of Health Care Systems in Transition
29 June-3 July 2008 Jerusalem, Israel
Contact:
Diesenhaus Unitours – Convention Department
Tel: 972-3-5651313 Fax: 972-3-5610152
E-mail: meetings@diesenhaus.com
www.d-convention.com/israelnursing
Deadline for abstracts: 15 September 2007

Beyond the Horizon
74th Annual Educational Conference of the Canadian Institute of Public Health Inspectors (CIPHI)
20-23 July 2008 St. John's, NL
Contact:
www.ciphi.ca/events.htm

CANADIAN HEPATITIS C INFORMATION CENTRE

Hepatitis C Information Centre closed

We regret to inform you that the Canadian Hepatitis C Information Centre (CHCIC), a program of the Canadian Public Health Association (CPHA), has been asked by the Hepatitis C Prevention, Support and Research Program of the Public Health Agency of Canada (PHAC) to cease operations effective June 30, 2007 while the Program reassesses its long-term knowledge development and exchange needs.



CPHA, in collaboration with the Hepatitis C Prevention, Support and Research Program of PHAC, advises you of the following alternatives for accessing hepatitis C education materials:

- you can access the following PHAC website which provides general hepatitis C virus information, http://www.phac-aspc.gc.ca/hcai-iamss/bbp-pts/hepatitis/hep_c_e.html, and/or
- you can write to PHAC_Web_Mail@phac-aspc.gc.ca for specific information.

All of the CPHA staff at the Information Centre would like to thank our many clients, producers of materials and suppliers for their interest and commitment to our work as a part of the hepatitis C community. It has been a pleasure serving you, and we hope to be able to do so again in the future. ■

MAKING IT HAPPEN

The Role of the Public Health Physician in the Development of Public Health Policy

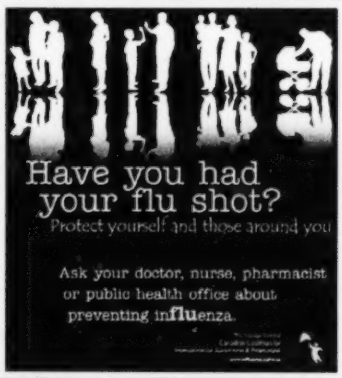
The National Specialty Society for Community Medicine (NSSCM), in partnership with the Canadian Public Health Association (CPHA) and L'Association des médecins spécialistes en santé communautaire du Québec (AMSSCQ), is pleased to present their first ever continuing professional development networking lunch and symposium. It will take place at the 2007 CPHA Conference, Sunday, September 16, 2007 from 12:00 to 15:30.

The symposium will provide insight for community medicine specialists and public health physicians in creating strategies to develop and implement public health policy.

- **Opening Remarks:** Dr. David Butler-Jones, Canada's first Chief Public Health Officer
- **Introduction to Policy Analysis:** Dr. Michael Rachlis, Private consultant and expert in health policy analysis and Associate Professor for the University of Toronto
- **Public Health Policy Emerging Issues: Harm Reduction – The Vancouver Safe Injection Site:** Dr. Perry Kendall, Provincial Health Officer of British Columbia and co-chair of the newly established Pan-Canadian Public Health Network
- **Pandemic Influenza:** Dr. Arlene King, Director General for the Emergency Preparedness Secretariat for the Public Health Agency of Canada
- **Panel Discussion and Addressing Barriers to Policy Development and Implementation:** Dr. Michael Rachlis

For a complete symposium program, including learning objectives, please e-mail: aayoub@cpha.ca

Following the symposium, the NSSCM will host its Annual General Meeting from 16:00 to 18:00. ■


Have you had your flu shot?
Protect yourself and those around you
Ask your doctor, nurse, pharmacist or public health office about preventing influenza.

Influenza Immunization Awareness Campaign 2007

The Canadian Coalition for Immunization Awareness & Promotion, in partnership with the Public Health Agency of Canada, is pleased to offer a selection of free resources to help you conduct your 2007 Influenza Immunization Awareness Campaign. If you go to www.influenza.cpha.ca, you can view the items that are available and download an order form. Quantities are subject to availability and demand. Orders will be filled on a first-come, first-served basis, so to guarantee availability, please fax completed order form by August 15, 2007 to fax: 613-725-9826. ■

Canadian International Immunization Initiative Phase 2 (CIII-2):

Canadian-funded health sector consultation missions bear fruit in recipient countries

Abridged version of the article by Dr. Benoit Ntezayabo, PAHO consultant in Haiti

I have been working since January 2005 as a short-term consultant for the Pan American Health Organization (PAHO) and Haiti's Ministry of Public Health and Population to strengthen the capacity of the Expanded Programme of Immunization (EPI) to deliver vaccination services and the epidemiological surveillance system for vaccine-preventable diseases. The missions have taken place within a somewhat unusual context, as a result of the difficult socio-political situation arising from the insecurity that prevails in the country.

Background

Haiti's recent history has been marked by socio-political problems that have endangered priority health programs such as the EPI and vaccine-preventable disease surveillance. The vaccination rates for the EPI-targeted diseases (measles, tuberculosis, diphtheria, pertussis, tetanus and polio) dropped among children under 5 years of age and women of child-bearing age, resulting in outbreaks of and increases in cases of measles, polio, neonatal tetanus and diphtheria. The rates of infant and child mortality are very high in Haiti, due in part to this situation. The improvement of access to and the quality of vaccination services, especially among children, is crucial. The missions carried out were funded by the Canadian International Development Agency (CIDA) through CPHA's Canadian International Immunization Initiative (CIII).

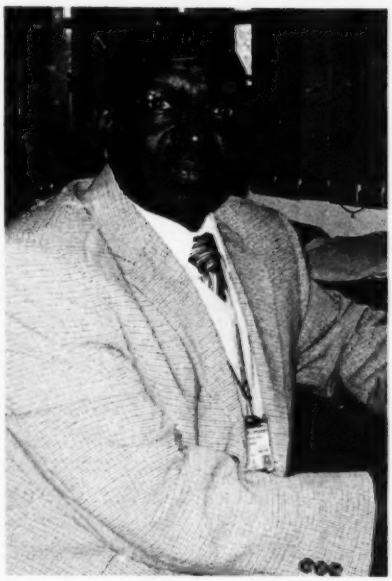
Overview

The fight against social injustice in the health sector is a critical component of social stability and peacekeeping in the world. Helping Haiti to increase universal coverage for primary health care services to its entire population, and particularly to the most vulnerable groups by improving its vaccination program for children under 5 years of age and the disease surveillance system, is a very important means of contributing to this objective. The action undertaken by Canada by sending me as a consultant to support the Ministry of Health and PAHO is in harmony with one of the Haitian government's priorities, which is the improvement of the population's health.

A program's results are generally assessed after 5 years, however over the 2-year period that I have undertaken missions through CIII-2 to Haiti, several significant positive results have been achieved – this despite the considerable level of political instability and lack of resources at all levels that had affected EPI activities and epidemiological surveillance capacity.

Here are some of the results achieved:

- development of training modules about EPI standards and procedures and epidemiological surveillance for the service providers;
- setup of the epidemiological surveillance system integrating all notifiable diseases in Haiti, including those targeted by the EPI;
- rubella and congenital rubella syndrome have been added to the list of notifiable diseases in Haiti. The first vaccination campaign incorporating rubella will take place in Haiti, and vaccination against measles and rubella will henceforth be routinely included in the EPI;
- those in charge of health centres will be trained in EPI program standards and procedures;
- all departmental epidemiologists and those in charge of the EPI have been trained or re-trained in EPI management and surveillance. They are now able to provide training and supervision of those in charge of the institutions under their authority;



- training of the EPI national team on epidemiological surveillance and statistics has made program monitoring possible twice per year, resulting in an improvement of EPI activities and surveillance of notifiable diseases.

The most dramatic results showing the positive impact of the mentoring, training, support and advice given during the missions include: an increase in the national vaccination rate; vaccination of children under the age of 5 years and women of child-bearing age in disadvantaged and isolated areas; and the weekly reporting of diseases under surveillance.

Given the political context, the results achieved would not have been possible without the cooperation of local, regional and national authorities, which play an important role in ensuring the success of EPI social mobilization by raising public awareness around the importance of vaccination. In my opinion, the effectiveness of these awareness-raising efforts is a result of the active participation of local authorities – be they governmental or non-governmental – and religious community leaders. ■

Launching of a Public Health Association in Republika Srpska (PHA RS) in Bosnia & Herzegovina

CPHA is pleased to announce the Founding Assembly on June 5 for the new Public Health Association – Republika Srpska (PHA RS). This event took place at the University of Banja Luka in the Republika Srpska, one of the two entities of Bosnia and Herzegovina.

A small group of 15 very committed individuals first met in Banja Luka in November 2006 to discuss forming a public health association. At the Founding Assembly, 43 members signed up. The Minister of Health of the Republika Srpska, Dr. Ranko Skrbic, was a keynote speaker and the first member to sign up. Prof. Milenko Radevic was elected President of PHA RS and Dr. Jovan Zivkovic was elected Vice-President.

The Public Health Association – Republika Srpska is a voluntary, multi-ethnic, non-partisan, non-profit and non-governmental organization dedicated to promoting and strengthening the role of civil society in public health. It intends to develop into a distinctive and powerful voice in health promotion and disease prevention. Promotion of healthy lifestyles, good nutrition, breastfeeding, healthy practices in schools and the well-being of the elderly are important key objectives of this new public health association.

The media was well represented at the Assembly. The most widely read daily newspaper, *Glas Srpske*, published an article about the new association and the benefits that people in the Republika Srpska will enjoy as a result of the Association's formation.

Attendees at the Founding Assembly for the Public Health Association of the Republika Srpska on June 5, 2007, including invited representatives from the Public Health Association of Serbia.
First row, left to right: Sejdefa Sokolija, PHPO CPHA Sarajevo; Geza Radu, CPHA Project Director; Dr. Biljana Kozlovic, PHAS Program Manager; Dr. Ljubomir Pavicevic, PHAS President; Dr. Manja Savic, PHAS member; Dr. Mira Kecman, Representative of Administrative Service of City of Banja Luka.

With financial support from the Canadian International Development Agency (CIDA), CPHA is working to strengthen the organizational capacity of the Public Health Associations in Serbia, Republika Srpska (RS) and the Federation of Bosnia and Herzegovina (FBiH). More news about developments in all three Associations will be reported in future issues of the *CPHA Health Digest*. ■

Recognition of CPHA's Contribution to Strengthening Global Public Health

In May, CPHA was the recipient of two noteworthy awards in recognition of its contributions to international public health. On May 3rd, CPHA was awarded a special certificate from the World Health Organization (WHO) in recognition of its contribution through the former "Canada's International Immunization Programme (CIIP)" to the development and introduction of vaccine vial monitors (VVM). The vaccine vial monitor is a small sticker placed on the vaccine vial that changes colour as the vaccine is exposed to heat. The colour of the sticker tells health workers whether the vaccine can be used safely for immunization. This technology was developed in the late 1970s by PATH, in association with the WHO. CPHA, through CIIP, provided funding for the field testing of the VVM's efficacy. VVM are now used regularly on vaccines distributed through immunization programs in developing countries, and are required on all vaccines purchased by UNICEF. The award was presented at a ceremony that took place at WHO headquarters marking the 10th Anniversary of the Implementation of Vaccine Vial Monitors. It was accepted on behalf of CPHA by a member of the Permanent Mission of Canada to the Office of the United Nations in Geneva.

On May 23rd in Fredericton (NB), CPHA was recognized at the 15th Canadian Awards for International Cooperation as a finalist in the category, "Special Recognition for Long-Term Commitment to International Cooperation". This event, hosted by the Canadian Manufacturers and Exporters in association with the Canadian International Development Agency (CIDA), judged over 80 applications for awards in recognition of Canadian efforts "to make a significant, sustainable positive difference in the lives of people around the world". CPHA received a certificate of recognition for the Strengthening of Public Health Associations (SOPHA) Program, which since 1985 has provided technical assistance and financial support to organizational and performance capacity building of public health associations in over 30 locations in low- and middle-income countries around the world. CPHA is delighted to receive this recognition and to have been considered in this category with Streetkids International (the recipient of this year's award) and CARE Canada. ■

Leadership in Tobacco Control for Public Health Associations in East and Southern Africa

In 2005, non-communicable diseases (NCD) accounted for 2.4 million deaths in sub-Saharan Africa, equivalent to 23% of all deaths in this region. By the year 2030, it is estimated that total cumulative deaths due to NCD in this region will exceed 28 million people. Tobacco is a major risk factor for NCD morbidity and mortality. This situation represents an important public health crisis.

Public Health Associations play a leadership role in the promotion and protection of public health policy, programs and practice. The Mozambique Public Health Association, in cooperation with the Canadian Public Health Association, organized in Maputo on May 29 and 30, 2007 a workshop on Leadership in Tobacco Control for Public Health Associations in East and Southern Africa. Representatives of public health associations in Ethiopia, Uganda, Tanzania, Malawi, South Africa and Mozambique, as well as representatives from the World Health Organization, the Research for International Tobacco Control/International Development Research Centre, and Physicians for a Smoke-Free Canada, met to prepare an action strategy on tobacco control for public health associations in the East and Southern Africa region. This strategy identifies how public health associations can contribute to generating scientifically-sound data to advance the public health cause related to tobacco control, the utilization of this evidence for advocacy strategies to promote the ratification/accession and implementation by national governments of the world's first public health treaty, the Framework Convention on Tobacco Control (FCTC), and identify how public health associations can contribute to national and regional monitoring of the application of the FCTC. The strategy includes several activities, such as conducting environmental scans in each country in this region about tobacco control policy, programs, players and action. It also proposes a feasibility study/concept paper for the establishment of PHA-based tobacco control research centres as a means of strengthening local capacity to translate evidence generated on various aspects of tobacco control into policy, programs and better practice. The strategy includes two other interesting initiatives: an assessment of what is taught (quantitative and qualitative issues) in post-secondary health sciences academic institutions with respect to tobacco control, and the preparation of "shadow reports" on progress within their respective countries on the application of the FCTC. It will be implemented in partnership with other civil society organizations and governments.

TABACO NA REGIÃO DE ÁFRICA AUSTRAL E
WORKSHOP ON PHA LEADERSHIP IN
TOBACCO CONTROL IN EAST AND SOUTHERN
Maputo, 29-30 de Maio de 2007

Dr. Jean-Pierre Baptiste, Regional Officer for Tobacco-Free Initiative at WHO-AFRO, and Margarde Matsinhe, President of the Mozambique Public Health Association (AMOSAPU), at the head table.

Representatives of six public health associations from east and southern Africa, CPHA, WHO, RITC/IDRC, CIDA and the Ministry of Health of Mozambique, participating in Tobacco Control workshop.

The workshop participants unanimously called on all governments in east and southern Africa to acknowledge tobacco control as a serious public health issue, to ratify/accede to the FCTC as soon as possible, and to use the FCTC to advance tobacco control and protect the health of their people. The workshop participants also called on all governments, public health associations and NGOs involved in tobacco control in east and southern Africa to collaborate on the preparation of proposals to strengthen local and regional tobacco control initiatives.

Workshop participants also took part on May 31st in activities organized at a local secondary school in Maputo marking World No Tobacco Day. ■

NEWS FROM ABROAD

The Creation of a Public Health Association Network for Francophone Africa - Réseau des associations de santé publique d'Afrique francophone (RASPAF)

On April 27 and 28, 2007, a regional workshop was held in Ouagadougou (Burkina Faso), bringing together representatives from the Public Health Associations (PHAs) of Francophone Africa and public health actors. The objective of this workshop was to create a regional network of Public Health Associations in Francophone Africa (RASPAF) as a means of strengthening links between PHAs sharing similar issues and realities. The Association Burkinabé de santé publique (ABSP) will chair the network and will also host the RASPAF Secretariat in Burkina Faso. The RASPAF network has been created in response to the need for more collaboration between National PHAs of the same region.

The workshop was organized by the ABSP in association with CPHA, with a financial contribution from the Government of Canada through the Canadian International Development Agency (CIDA). This workshop complements the work undertaken through CPHA's Strengthening of Public Health Associations (SOPHA) program over the past twenty years.

Similar to the creation of the East, Central and Southern Africa Public Health Association (ECSAPHA) in 1988, the RASPAF represents an opportunity to reinforce links between the PHAs of countries in the same region, speaking a common language and sharing common conditions and challenges. The RASPAF provides a forum to increase collaboration between PHAs, exchange best practices, strengthen capacities through mentorship activities and support the development of PHAs by the African organizations themselves.

The participants discussed challenges facing both mature and nascent PHAs. They also drafted and adopted the constitution and articles that will guide the network structure, as well as an action plan. The working sessions were moderated by different international public health experts. Ms. Hélène Valentini, a CPHA member from the International Cooperation Unit of the Institut national de santé publique du Québec (INSPQ) facilitated the meeting.

Following the workshop, Dr. Mathias Somé of the ABSP (representing RASPAF) presented the results of the workshop at the World Federation of Public Health Associations (WFPHA) annual meeting in Geneva (May 12-14, 2007). He took this opportunity to make contact with delegates representing European PHAs and the WHO, who expressed an interest in this new network.

PHA delegates attending were from Burkina Faso (ABSP), Congo (ACSPC), Niger (ANSP), and Cameroon (ACASAP), along with public health sector representatives from the Ivory Coast, Mali and Chad. Also present, the Canadian Ambassador to Burkina Faso, his Excellency Mr. Louis-Robert Daigle; WHO representative Dr. Amidou Baba-Moussa; Ms. Hélène Valentini of the INSPQ; and members of the Ministry of Health in Burkina Faso.

CPHA will continue to support the network and guide it in its start-up phase. The SOPHA team would like to wish RASPAF a healthy long life!

For more information, please visit our website (www.sopha.cpha.ca) or contact the SOPHA team directly (sopha@cpha.ca). ■

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"Partners Around the World" is undertaken with the financial support of the Government of Canada provided through the Canadian International Development Agency (CIDA).